

ADMINISTRATION OF PRESCRIBED ORAL MEDICATION FORM

The District acknowledges that certain students may require prescribed medication during the school day in order to function as near to their potential as possible. The School Principal shall designate an individual to administer prescribed medication provided school staff assistance is required in administering the medication and only if a parent or legal guardian of the student completes (and arranges for completion of) this form. A parent/guardian shall complete a new form each school year and whenever the physician changes/renews the prescription.

PART I: (to be completed by a parent or guardian)

a) I request that the medication _____
(name of medication)

be administered to _____
(name of student)

for a period of _____

b) I will deliver/send the medication as follows: _____

c) I shall notify the school immediately if the medication is no longer required.

(Date)

(Signature of Parent or Guardian)

ADMINISTRATION OF PRESCRIBED ORAL MEDICATION FORM (continued)

PART II: (to be completed by physician)

Re: _____
(name of student)

a) Specify the medication, dosage, frequency and the method of administration of this medication during the school day:

b) I anticipate the child's reactions to the prescribed medication will be:

(Date) (Signature of Physician)

(Telephone)

(Address)